

STATE OF TENNESSEE COUNCIL ON CHILDREN'S MENTAL HEALTH

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COUNCIL ON CHILDREN'S MENTAL HEALH

Otter Creek Church of Christ, Brentwood October 19, 2011 11:30 a.m. – 3:00 p.m.

MEETING SUMMARY

Attendee List:

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Chrystal Armstrong	Vickie Harden	Cindy Potts
Susan Bell	Robbie R. Hutchens	Anne Pouliot
Kathy Benedetto	E. Ann Ingram	Dawn Puster
Bonnie Beneke	Jeanne James	Anne Robertson
Susanne Bennett	Joan Jenkins	Kathy Rogers
Shawn Brock	Crystal Kiefer	Mary Rolando
Pam Brown	Dustin Keller	John Rust
Nicole Cobb	Richard Kennedy	Debrah Stafford
Janet Coscarelli	James Martin	Susan Steckel
Michelle Covington	Jenn Martin	Sarah Suiter
Shani Cutler	Shelley Martin	Millie Sweeney
Janice Davidson	Nneka Norman-Gordon	Doug Varney
Katrina Donaldson	Linda O'Neal	Pat Wade
Carol Dunaway	Steve Petty	Mary Jane Ware
Richard Edgar	Vickie Pillow	Alysia Williams

Welcome/Introductions (Linda O'Neal, CCMH Co-Chair, Tennessee Commission on Children and Youth (TCCY) Executive Director, and E. Douglas Varney, CCMH Co-Chair, Tennessee Department of Mental Health Commissioner)

- ◆ Ms. O'Neal expressed appreciation for the good attendance at this morning's workgroup meetings. The draft report must be available by April for review and then finalized and submitted by July 1. Due to a scheduling conflict for Comm. Doug Varney, introductions have been delayed until after the lunch break in order for Comm. Varney to provide the TDMH Update.
- Commissioner Varney began with several announcements:

- Marie Williams has been promoted to the position of Deputy Commissioner. She will be returning soon from sick leave. TDMH continues to seek a new Assistant Commissioner for Mental Health Services.
- Susan Steckel has been promoted to Director of Children and Youth Services.
- Richard Edgar is retiring and his efforts during his years of service to better the lives of Tennessee's children are greatly appreciated.
- ◆ The Department has been working on two basic initiatives. The first, at the request of Governor Bill Haslam, is a top-to-bottom review of the Department. Gov. Haslam asked all Commissioners for a comprehensive report on their agency's priorities, processes and financing on all levels. The Governor's primary goal is to promote collaboration and to facilitate the exchange of useful data and information across state entities. Commissioner Varney has already had some preliminary discussions with Dr. John Dreyzehner, the new Department of Health Commissioner.
- ◆ TDMH will be revising its planning process with input from the planning and policy councils across the state and from other state agencies. All planning initiatives, particularly the Block Grant goals, should align to reflect the new reality and available resources to be consistent, with some overlap and clearly identified priorities.
- ◆ The Safety Subcommittee headed by Safety Commissioner Bill Gibbons continues to tackle a wide array of issues:
 - Domestic violence:
 - Re-entry programs for those in drug-related incarceration;
 - Shortage of health care providers;
 - The "Meth" problem, which is being addressed by new legislation passed last year that includes monitoring sales of pseudoephedrine;
 - Prescription drug abuse, particularly narcotics and sleeping aids; Department of Correction Commissioner Derrick Schofield is taking the lead. There is a statewide and four regional Drug Diversion Task Forces who will target doctor shopping, pain centers and over-prescribers. It has been documented that prescription drugs are the gateway drugs drawing people into the drug culture. These people need treatment that works.
- The Administration does not want to introduce a number of new bills. The Governor would prefer to focus on prevention activities.
- Varney provided a brief update on the budget. The current budget was inherited from the previous Administration. TDMH received a good deal of stimulus funding and unfortunately it is very challenging to sustain line items budgeted with non-recurring dollars. Cost enhancements will be used to either make items recurring or take them out of the budget. The process is contingent upon potential federal budget cuts and implementation of health care reform. Varney believes that rather than across the board cuts or doing more with less, we would be better served to set budget priorities and enhance them. It is a difficult process and not everyone will be happy with the choices made. Services for children are a priority for. Varney as well as for Governor Haslam

and he wants TDMH to "backfill" TennCare benefits. He prefers the wraparound approach to services for children and we must continue to seek additional resources by partnering with other entities. The focus should remain on services not covered by TennCare.

- ◆ The top-to-bottom review report is due November 1. It will identify recommended key changes to be made and will outline five major initiatives, including one for children's services. Key informant surveys were conducted and Varney found many of the changes suggested were valid. The report should contain no big surprises. Contract agencies will be monitored closely as far as outcomes and deliverables to determine what is working and what is not.
- ◆ Varney commended CCMH's workgroup structure and believes it will be a good way to keep everyone engaged and develop a clear, decisive message.
- ◆ The budget hearings will be public. The date for the TDMH hearing is tentatively November 15.

Workgroup Reports

♦ Pam Brown – MIS & Accountability

Pam reported that Kathryn Bowen was named co-chair. Only twenty-five responses were received to the survey of the ideal MIS for Tennessee. The survey will be sent out again and Council members are urged to forward it to all their contacts. They particularly want family members of children enrolled in a SOC and, ideally, would like to get about 200 responses. The workgroup would also like to schedule a presentation of the Tennessee Early Intervention System (TEIS).

♦ Michelle Covington – Community Outreach/Awareness

The group met twice and conducted one conference call. They are developing a list of common definitions and have visited numerous sites and will include sources. Then they will be looking at toolkits and one page flyers of bulleted information.

♦ Vickie Harden – Collaboration & Adoption

The workgroup would like to meet with the Community Outreach/Awareness group in the future. They want to look at quality across systems and review what is out there. They want to formalize and adopt guiding principles and have fidelity instruments and rating scales so that recommendations can be made for moving forward at the state level and at all agencies.

Linda O'Neal

The Financing Strategies workgroup will not report today, as there were not representatives present from all the funding streams.

Departmental Updates

Mental Health:

Debbie Shahla

Refer to handout, "Mental Health Block Grant Behavioral Health Assessment & Plan (FY12-13)

- ◆ The MHBG totals \$7.79 million. The current plan submitted September 1, 2011 covers a twenty-one month period. SAMHSA has redesigned the format in which the applications are submitted. Priorities, goals, targets and performance measures must be identified. This is the last year the Mental Health and A&D Block Grants will be separate. The combined application will be due April 1, 2013 and will cover two years.
- ◆ The Priorities are as follows:
 - Priority 1: Early Intervention and Prevention Services for Children with SED. This
 includes goals for the RIP and BASIC programs, respite for families, and goals for
 children participating in Wraparound while enrolled in a System of Care.
 - Priority 2: Recovery-Oriented Services for Adults with Serious Mental Illness and Co-Occurring Disorders – includes goals for peer support and peer-led services and the development of a co-occurring competency to the Peer Specialist Certification program.
 - Priority 3: Crisis Services includes the redesign of the Crisis Stabilization Units (CSUs), the use of telehealth technology, and access to walk-in centers.
 - Priority 4: Behavioral Health Safety Net includes expanding enrollment.
 - Priority 5: Data, Outcomes, & Technology includes outcome measures for DMH programs and a department-wide integrated client-level database.
 - Priority 6: Public Awareness & Support includes increasing understanding of mental illness and raising awareness of Systems of Care.

♦ Tarvn Sloss

Refer to handout, "Substance Abuse Prevention & Treatment (SAPT) Block Grant for FY12-13 Behavioral Health Assessment & Plan

- ♦ The SAPT Block Grant provides \$28.6 million in funding. With these funds, DMH/DADAS can provide:
 - Primary Prevention Services;
 - Training & Education;
 - Treatment Services; and
 - Recovery Support Services.
- ◆ The Division has identified twelve priorities and focuses on prevention services for statutorily required populations: pregnant women, women with dependent children, IV drug users, individuals with or at risk of HIV or TB, military service members and people with co-occurring disorders. Ms. Sloss focused on the first Priority: Prevent substance use and abuse specifically underage drinking, the sale of tobacco to minors and prescription drug misuse and abuse using culturally responsive strategies. Priority 1 has

four goals. The first goal is to increase the number of evidence-based environmental strategies to achieve the priority and the second goal to provide selective and indicated preventive services to populations at high risk of underage drinking and prescription drug abuse. The Division does web-based technology tracking through the TN-WITS program. The third goal is to increase the number of evidence-based environmental strategies related to tobacco access reduction. The Division contracts with the Tennessee Department of Agriculture for this prevention program. The fourth goal is to increase exposure to prevention messages related to underage drinking and prescription drug abuse through regional workgroup outreach activities.

◆ Angie McKinney-Jones

- Mrs. McKinney-Jones reported on three new grants received by DADAS:
 - Strategic Planning Enhancement grant is a state enhancement strategic planning grant from SAMHSA for one year. It will consist of four mini-plans developed by committees:
 - Collection, Analysis and Reporting;
 - Coordination of Services;
 - TA and Training;
 - Performance and Evaluation.

A Policy Consortium of decision makers engaged in prevention of substance use and associated health problems will assist in development and implementation of the plans.

- ◆ Screening, Brief Intervention and Referral to Treatment is a five year SAMHSA grant totaling \$8.3 million for carrying out these activities. It will be conducted in two residency programs at East Tennessee State Uuniversity and Meharry. It will provide SBIRT training for medical residents to integrate into their future practice. It also will provide for SBIRT screening in community settings for members of the TN National Guard. The goal is to serve approximately 16,000 people.
- ◆ The Re-entry Support for East Tennessee Families is a two year Bureau of Justice grant. It will serve forty incarcerated women nearing release on parole who have substance abuse treatment needs and are parents of minor children. It will be conducted through Families Free and Frontier Health.

♦ Susan Steckel

- ◆ The Tennessee Lives Count Youth Suicide Prevention Early Intervention Project is in its third grant cycle. This year, in addition to gatekeeper training projects, components were added related to youth access to mental health and crisis services and implementation of postvention plans in schools after a crisis occurs.
- ◆ Tennessee was not awarded the Statewide System of Care Planning Project grant. Only twenty-four grants were approved this year. There may be an opportunity to apply in

future funding cycles.

♦ Education - Nicole Cobb

◆ Dr. Cobb is the Director of the Center for School Climate (Engagement/Safety/ Environment) in the Department of Education. It will utilize \$3.3 million in federal funding through the Safe and Supportive Schools grant over the next four years. The grant requires the state to measure school climate and the means to intervene in those schools with the greatest need. The goal is to increase academic success for all schools. The project started with 8-10 school districts involved and now totals 28 districts. They plan to survey 100,000 students and parents. She also announced the availability of a variety of resources on the Center's website as well as the Center for Dropout Prevention website that offers a Dropout Prevention toolkit, an Early Warning Indicator Analysis, and the Dropout Prevention Task Force offers a number of Effective Practices to address major issues such as attendance, behavior problems, suspension and retention.

♦ **Health - Linda O'Neal** (read an update from Dr. Michael Warren, MIEC)

◆ The Collaborative Maternal and Infant and Early Childhood home visiting program has received a grant to fund home visiting services in six selected sites. An updated State Plan was released June 8, 2011 and outlined the goals and objectives of improving outcomes for children and families, to strengthen the home visiting workforce, and integrating home visiting programs with other systems and programs for early childhood. The project staff will develop core competencies for home visitors, training and screening tools and electronic data tracking.

♦ TennCare - Dr. Jeanne James

 Dr. James will do a summary at the December meeting of the most recent HEDIS report with the information on children's services and will also do an update on the TennCare budget.

♦ TCCY- Linda O'Neal

- ◆ Public Chapter 1060 of the Acts of 2010 established the Second Look Commission (SLC). The SLC reviews a sampling of cases of repeat severe child abuse to determine if the way these cases are handled provides adequate protection for the children in this state. The SLC reports annually to the General Assembly. The report is due December 31.
- ◆ Public Chapter 0415 of the Acts of 2009 established the Youth Transitions Advisory Council. This was formerly implemented by the Select Committee on Children & Youth but effective July 1, responsibility was transferred to TCCY. The Council develops strategies to assist youth aging out of state custody. These youth often have limited financial resources, job opportunities or housing options and youth who are in state custody are more likely to have mental health issues. The group reports annually to the legislature to provide recommendations. The report is due October 31st and a draft will

be available next week and provided to CCMH members.

◆ TCCY will also send out a full calendar for the budget hearings. Advocating for children's services must be an ongoing process. Through the Juvenile Justice and Delinquency Prevention Act and the Juvenile Accountability Block Grant, TCCY requests funding for the support of CCMH.

♦ MCO Updates

◆ Volunteer State Health Plan (VSHP) was TennCare's first MCO, established in 1993. Joan Jenkins works for ValueOptions. VSHP is licensed by Blue Cross. Ms. Jenkins chairs a newly formed TennCare Select Advisory Committee and she welcomed CCMH members to participate and provide input. They particularly want to have more consumer and family member participation. Ms. Jenkins can be reached at Joan.Jenkins@ValueOptions.com.

Discussion Plans for Future Meetings (Linda O'Neal)

- ◆ The next CCMH meeting is scheduled for December 8, 2011. Topics will include Overview of the Planning Grant on Autism and Suicide Prevention Grant. Workgroup meetings will again be held before the full Council meeting.
- Nicole Cobb will present information on the School Climate grant at the February meeting.
- ◆ Dr. Michelle Moser announced this year's Connecting for Children's Justice Conference to be held November 20 22 in Nashville at the Sheraton Music City Hotel. There will be a number of workshops offered at this major training opportunity. Keynote speakers include:
 - Laura van Dernoot Lipsky the author of Trauma Stewardship;
 - Rebecca Shahmoon Shanok Reflective Supervision;
 - Judy Langford Preventing Child Abuse by Building on Family Strengths; and
 - Robert McGrath Sex Offender Treatment.

For more information, go to www.tncac.org/ccj.